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CONFIRMATION NO. 5458

SERIAL NUMBER 10/711,459	FILING DATE 09/20/2004 RULE	CLASS 400	GROUP ART UNIT 2854	ATTORNEY DOCKET NO. 1589.15
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APPLICANTS

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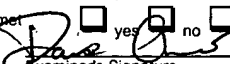

** CONTINUING DATA ***** 
 This appln claims benefit of 60/504,289 09/19/2003

** FOREIGN APPLICATIONS ***** 

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 10/20/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY FL	SHEETS DRAWING 2	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 2
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35 USC 119 (a-d) conditions met ☐ yes ☒ no ☐ Met after Allowance

Verified and Acknowledged  Examiner's Signature  Initials

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 21901
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TITLE
 Braille Input Device

FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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